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AN ASSET-BASED INDICATOR FRAMEWORK: USING CO-PRODUCTION, CO-DESIGN AND INNOVATIVE METHODS TO ENGAGE WITH BME GROUPS

Executive Summary

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Funded by NHS Greater Glasgow and Clyde and Glasgow City Health and Social Care Partnership

Project Overview

- There is widespread policy support for the use of bottom-up, asset-based approaches as a potential way to tackle inequalities and co-produce services to improve community health and wellbeing. The idea is to work *with* community members to facilitate rather than deliver services *to* them (see Chief Medical Officer 2009; NHS Health Scotland 2011; SCDC 2011; Morgan and Ziglio 2007; Burns 2013; Hopkins et al. 2015).
- Despite growing support for the use of asset-based approaches in community work, however, there is limited published evidence evaluating the working mechanisms of asset-based initiatives.
- Furthermore, concepts such as improved wellbeing, social capital or resilience, which are considered to be central to asset-based approaches, are difficult to measure directly or tangibly. This causes further difficulties in the evaluation of asset-based initiatives (de Andrade 2014; de Andrade 2016; Miller 2011).
- This executive summary report presents the development and first application of an evidence-based, co-produced methodological framework – an Asset-Based Indicator Framework (ABIF) – to “measure” changes in health, wellbeing and inequalities through creative community engagement.

If used systematically and continuously, the ABIF serves as a mechanism:

- for capturing “softer” outcomes inherent in asset-based working (such as trust and empathy) alongside traditional quantitative targets and measures.
- to link these targets and measures to local, national and international targets and outcomes.
- for evidencing changes (if any) in health, wellbeing and equity linked to asset-based work over time.
- for monitoring the effectiveness of asset-based work to engage service users and co-produce services.
- which can be used across topics and services (Health & Social Care Partnership and other partners) to monitor and account for asset-based activity.

The executive summary consists of the following sections:

- Section 1 presents key findings of a literature review of the academic and grey literature on underpinning concepts of asset-based approaches. The review served to inform framework indicators.
- Section 2 presents the ABIF framework indicators.
- Section 3 presents key findings of a literature review on ways to evaluate asset-based approaches. It also summarises how data can be collected for each of the developed ABIF indicators. Findings from this part of the review informed the development of ABIF as an evaluation tool.
- Section 4 presents key findings from the co-production and application of the ABIF with the Roma population in Glasgow's South Side; health practitioners at operational and management levels; academics; and third sector representatives. This was the inaugural application of the co-produced ABIF.
- Section 5 is the ABIF guide to co-production. It includes lessons of the pilot and guidance for applying the ABIF in other contexts and with other communities.

1. Concepts underpinning asset-based approaches: a literature review

- There are *three, key overlapping concepts* related to asset-based working – wellbeing, social capital and resilience.
- These three concepts theoretically describe different phenomena, but upon closer inspection, are interrelated and influenced by the same or similar individual, community and structural assets (see *Table 1* for reference).
- There are overlaps between definitions of individual assets impacting wellbeing, social capital and resilience.
- Understanding the granularity of the interrelation of assets at individual, community and structural levels plays a significant role in the evaluation of asset-based approaches.

Table 1 Assets impacting wellbeing, social capital and resilience

	Wellbeing		Social Capital	Resilience
	Subjective	Psychological	Bonding, Bridging, Linking	
Individual assets	<ul style="list-style-type: none"> • positive and negative affect • physical health • meaning/achievement in life • life purpose • spirituality • personality • cognitive schemes (e.g. self-control, self-esteem, and optimism) • autonomy • personal growth 	<ul style="list-style-type: none"> • life purpose • Big five personality dimensions • self-acceptance • environmental mastery • self-determination • self-directedness • autonomy 	<ul style="list-style-type: none"> • ability to bring change • confidence • self-esteem • trust 	<ul style="list-style-type: none"> • locus of control • self-efficacy • sense of coherence

		<ul style="list-style-type: none"> • social tolerance • empathy & helpfulness 	<ul style="list-style-type: none"> • sharing • reciprocity 	
Community assets	<ul style="list-style-type: none"> • cultural values • social relations • social support • social integration • social contribution 	Social relationships	Social connections (bonding, bridging, linking)	<ul style="list-style-type: none"> • acculturation • connectedness • interpersonal relationships (family, neighbours)
Structural assets	<ul style="list-style-type: none"> • wealth or income • healthiness of local environment 		<ul style="list-style-type: none"> • access to resources • civic engagement 	<ul style="list-style-type: none"> • access to resources

2. ABIF indicators

- Before conducting the second literature review on evaluation approaches, a further review of the literature on the assets presented in *Table 1* was conducted to identify and define overlaps between definitions, and to establish perimeters of framework indicators.
- *Ten main indicators* were identified for the framework. *Table 2* includes a definition for each indicator, and impact on individual, community and structural levels.
- These key indicators will serve as a *template* for applications of a co-produced ABIF, but may be *adapted* at baseline depending on the views and assets identified when the framework is first applied with a particular community.
- This template is a *starting point* for practitioners applying and co-producing an ABIF with particular communities in different settings. This means that indicators can be *adapted at baseline* (indicators can be excluded or new indicators can be included) depending on what assets are *important* to a particular community.
- Indicators need to be “*measured*” at the start of a community engagement; throughout the engagement process; and at the “end” of a co-produced initiative or setting (assuming there is an “endpoint”).
- If the importance of indicators for a particular community changes throughout the engagement, this change should be noted and reflected upon. The same applies if “new” indicators are added to the framework at different points during the duration of the engagement.

Table 2 ABIF Indicators

Indicator	Definition	Individual Level	Community Level	Structural Level
Affect	The experience of positive or negative emotions at a certain point in time (OECD 2013).	<p>Individuals experience high average levels of positive affect which benefit their interpersonal relationships, creativity, sociability and productivity.</p> <p>Individuals are able to restore autonomic (unconscious or involuntary responses) after the experience of adverse negative affect.</p>	Communities are engaged, active, creative, and connected through enjoyable social networks.	<p>Individuals and communities respond to detrimental occurrences in the macro environment that negatively influence their health and wellbeing in creative and constructive ways (for example, human rights campaigning).</p> <p>Individuals and communities are fuelled by unfavourable environments. They adapt and respond to disadvantageous conditions in bold, assertive and goal-oriented ways.</p>

<p>Access to resources & healthiness of environments</p>	<p>Resources needed by people to build and sustain their livelihoods.</p>	<p>Individuals have access to health promoting amenities and resources, which enable them to maintain healthy dietary habits and physical activity.</p> <p>Individuals have access to local organisations providing them with opportunities to access different forms of social capital.</p>	<p>Communities have sustainable health promoting amenities and resources.</p> <p>Communities provide opportunities for individuals to access different organisations and social structures.</p>	<p>The state ensures that socio-economic distribution of neighbourhood resources is equal for each community.</p> <p>Co-production between local and external organisations to facilitate exchange and sharing of resources.</p> <p>Communities have the opportunity and capacity to influence rural planning and built environment decisions.</p>
<p>Culture</p>	<p>Knowledge, beliefs, values and systems of symbolic meaning that individuals draw on in everyday life (Spencer-Oatey 2012).</p>	<p>Individuals have a sense of identity and culture.</p> <p>Individuals are free to express and live according to their cultural values and norms.</p>	<p>Communities have opportunities for cultural recreation, the celebration of cultural values and differences.</p> <p>Communities have the opportunity to engage with culturally specific health and wellbeing services.</p>	<p>Individuals and communities feel free to exercise their culture in an environment that encourages equity and respect for human rights.</p>

Empathy & helpfulness	<p>Empathy refers to the ability of individuals to perceive and be sensitive to the emotional experiences of others, as well as being motivated to care for their wellbeing (Decety 2015).</p>	<p>Individuals can sense and respond to the emotional experiences of others.</p> <p>Individuals are compelled to act and care for others when they feel it is necessary to do so.</p>	<p>Community members are interdependent, experiencing high levels of empathy and helpfulness.</p> <p>Cooperation and low levels of conflict between community members.</p> <p>Community members work towards the benefit of the group rather than individualistic goals when deemed to be necessary.</p>	<p>An understanding and enactment of the various factors that influence the ability to empathise.</p> <p>These include motivational forces (the need to belong, situational cues (attraction), individual or group differences (such as gender and ethnicity), levels of education, self-monitoring and awareness, culture and relationship-specific factors (Sherman et al 2015).</p>
Interpersonal Relationships	<p>Interpersonal relationships can be:</p> <ul style="list-style-type: none"> - Bonding (based upon strong ties that connect homogeneous groups). - Bridging capital (between people who are from different ethnic or occupational backgrounds). - Linking (between people with different levels of power and status). 	<p>Individuals are able to benefit from functional aspects of interpersonal relationships such as emotional support, companionship and advice in experiences of adverse stress.</p> <p>Individuals can sustain a combination of different</p>	<p>Difference within and outside of the community group are acknowledged and accepted.</p> <p>Communities provide widespread opportunities for informal contacts and support networks.</p> <p>Community organisations work with wider networks to mutual advantage.</p>	<p>Communities recognise the principles of equality and social justice.</p> <p>Different community groups, forums and organisations participate in voluntary sector events and initiatives.</p>

		types of relationships. Individuals are involved in community activities that contribute to the improvement of their health and wellbeing.		
Optimism	Expectations about the occurrence of good outcomes in one's future (Pinquart et al. 2007).	Individuals have positive expectations about their future. Individuals engage in efforts towards desired goals.	Communities provide positive opportunities for people's future.	Opportunities are created to positively influence individual and community health outcomes.
Physical Health	A state of complete physical, mental and social well-being and not just the absence of disease or infirmity.	Individuals lead healthy lives Individuals are able to have optimal levels of wellbeing	Communities have a high percentage of physically and mentally healthy individuals.	Physical health of the population has improved. People live healthier, happier, longer lives. Communities are able to access services to improve their health and wellbeing.
Self-determination	A psychological construct which refers to the internal motivation of the self to behave in an autonomous and controlled way.	Individuals experience greater autonomy in their everyday life. Individuals are able to express their individuality	Communities are aware of their needs as well as assets.	Communities are able to make informed choices about their political, social, and cultural development in order to create healthier

		<p>and self-identity.</p> <p>Individuals are able to regulate their behaviour in congruence with their values and needs.</p> <p>Individuals are able to make informed decisions about participating in support services which will best meet their needs and improve their health and wellbeing.</p> <p>Individuals are able to maintain their independence as they get older and are able to access appropriate support when they need it.</p>		<p>neighbourhoods.</p> <p>Local communities participate actively in public affairs and decision making.</p>
Spirituality and Personal Meaning	<p>The quality to strive for meaning and purpose by believing in a spiritual dimension.</p> <p>The striving to answer infinite questions when facing emotional</p>	Individuals construct their own spirituality and meaning which help them cope with stressful and threatening situations.	Communities encourage individuals to express their spirituality and personal meaning, as well as provide an environment where they	<p>People are contributing to societal change through their different spirituality and meaning of life.</p> <p>Fairness and equality for</p>

	difficulties, stress, illness or death.	Individuals have a purpose in life, which is determined by their personal meaning and values.	can be developed.	all irrespective of spiritual or religious backgrounds.
Trust	Trustworthiness is experienced in reciprocal relationships. Forms of trust include close interpersonal relationships (such as family and close friends) and social connectedness with the wider community or members of the outside community.	Individuals trust in others. Individuals are able to build different social relationships	Communities have high levels of trust and co-operative norms.	Society is safe from crime, disorder and danger as individuals and communities trust each other.

3. Evaluation of asset-based approaches: a literature review

General recommendations

Several challenges in the evaluation of asset-based approaches were identified in peer-reviewed studies and the grey literature. The following recommendations were highlighted:

- Identifying mechanisms through which change happens is crucial. Practitioners should look at the interaction between action and context, assets and context (Davies 2012).
- Participants' reflective practices should be included in evaluations (for example, through storytelling and reflexive diaries) (Hills et al., 2010).
- Practitioners should use participatory and empowering methods to engage with communities and capture actions on assets leading to outcomes (Davies 2012).
- Evaluation should look at long-term, medium-term and short-term outcomes in order to meaningfully understand improvements in health and wellbeing (Hills 2010; Welsh and Berry 2009; Miller 2015).
- Researchers should use both formative (looking at participants' development at a particular time) and summative (assessment of participants where the focus is on whether they have achieved an outcome) approaches in evaluations (Hills et al. 2010).

No established frameworks for the evaluation of asset-based working were identified in the literature review.

Methods of evaluation

The literature review also presented three main methods of evaluation that are commonly referred to when using asset-based approaches: *personal outcomes*, *theory of change* and *logic modelling*.

Personal outcomes approaches use the following steps, which informed the development of the ABIF guide to co-production:

- Step 1: Engagement with participants to elaborate on what outcomes are important to them. The approach classifies outcomes in three categories: **process outcomes** – related to participants’ experiences of using a service; **change outcomes** – referring to the improvement that participants are seeking; **quality of life outcomes** – features of a person’s whole life that they are working towards achieving or maintaining in partnership with services and other forms of support.
- Step 2: Recording of information, which is informed by a range of resources. These resources should use language that is meaningful to participants, and should include them in the process of recording.
- Step 3: Analysing the data, which is done in collaboration with participants. The analysis of data could use both qualitative and quantitative tools – whatever is deemed to be appropriate for particular communities.

The ABIF was also informed by the following key principles of **Theory of Change approaches**:

- Analyse the mechanisms through which change happens by answering the questions “how?” and “why?”
- Analyse three levels of asset-based working – individual, group (community) and societal (structural)
- Consider appropriate adjustment of methods and goals of projects during the implementation process.

Logic modelling addresses the importance of short-term, medium-term and long-term outcomes, which further informed the development of ABIF.

Measurement of ABIF indicators

The extended literature review considered: (i) the aim of evaluation (ii) existing measurement tools and approaches, and (iii) means of data collection for the evaluation of each ABIF indicator. These findings are summarised in *Table 3*, which also includes a commentary on how the measurement of each indicator can be implied to serve the aims of co-production and asset-based working.

Table 3 Measurement of ABIF indicators

Indicator	Aim of Evaluation	Review of Existing Evaluation Approaches	Means of Data Collection	Commentary
Affect	<p>To capture data on positive/negative emotional states experienced by the community members involved in asset-based initiatives before, during, and after the project/programme/ intervention.</p> <p>To identify whether there has been a shift in levels of experienced positive/negative affect of the local community and its members during and after participating in the engagement.</p> <p>To identify whether/how this shift is related to any of the</p>	<p>The evaluation of affect can be oriented towards a specific emotional state and its related behaviour (e.g. anxiety, calmness) or a global domain of content (e.g. positive and negative emotions).</p> <p>The pleasure dimension of affect is related to the experience of love, joy and pride.</p> <p>Displeasure is related to fear, anger, sadness and shame (Ekkekakis and Russell 2013).</p>	<p>The experience of affect can be gathered through questionnaires including 5- or 10- points feeling scales (OECD 2013; Stevenson 2013). The practitioner reads out loud a list of ways the interviewed person might have felt (the previous day or previous month, during the intervention, after the intervention) and the person answers on a 5- or 10-points-scale.</p> <p>Information about the activation event for the experience of pleasure or displeasure can be</p>	<p>Interpretation of results given by scales or questionnaires could cause some problems when applied to various cultures due to cultural diversity.</p> <p>For example, the typical response to the question “How are you feeling?” in many Western cultures is “good,” the baseline Feeling Scale rating is usually +3 (which is anchored by the adjective “good”). In other cultures, however, the rather bold statement “I feel good” is reserved for only those cases in which a preceding positive event would justify “feeling good.”</p> <p>It is important for researchers and</p>

	activities included in the project.		<p>collected through time-use diaries (OECD, 2013). Time-use diaries collect information about the type of activity, the location, the people with whom the person was, and the purpose of the activity. These are valuable co-variables when analysing the experienced affect and its impact on wellbeing (OECD 2013).</p> <p>As co-production may include various partners as equal and active participants, practitioners can also use reflective diaries to collect data. This will capture their own affective experiences and allow for an in-depth level of analysis when cross-referencing with community members' experiences.</p>	<p>practitioners to firstly identify and integrate the baseline rating to the specific culture <i>before</i> using the scale.</p> <p>When using time diaries in co-production, data should be analysed together with the individuals who produced them. This allows them to contextualise and elaborate on the experience and explain what meaning it has had for them.</p> <p>Practitioners will then be able to explore what change is meaningful for community members and to analyse the 'theory of change' – in what context and under which conditions does change happen?</p> <p>For the ABIF, the dimensional approach is recommended. Practitioners should examine the global domain of the experienced affect – which emotions cause pleasure or displeasure? – and what was the <i>activation event</i> (Russell 1980).</p>
Access to resources & healthiness of environments	To evaluate how accessible different resources are for a specific community and how healthy the environment in	Access to resources is determined by the socioeconomic status (SES) of individuals and communities, where SES	A simple questionnaire or semi-structured conversation / interview with community members can capture this	As noted in the personal outcomes literature, it is very important to understand what community members feel they have access to, how these resources are

	<p>which they live is.</p> <p>To account for communities' expectations and "wishes" with regards to access to various resources (including different organisations).</p> <p>To account for changes in the environment that community members would like to see.</p> <p>To understand what resources are important to community members and what they consider to be a healthy environment.</p>	<p>has been defined as a 'differential access to desired resources' (Oakes and Rossi 2003, p.775). Access to resources is therefore measured through the use of SES measurement tools.</p> <p>Consider how SES influences different factors such as access to transportation to medical appointments, type of health insurance, type of healthcare facility and provider, availability for care (i.e. the ability to take time off work or availability of child care), and knowledge of appropriate care (Shavers 2007).</p>	<p>data. This will give participants with the opportunity to share their ideas about the particular topic in their own terms and facilitate the co-creation and evaluate the primary data (Newton 2010).</p> <p>Creative approaches should also be encouraged. For example, drawing pictures or taking photographs of their environments or journies to work if employed.</p>	<p>important to them, and how they assess and experience their environment.</p>
Culture	<p>To assess how cultural values, beliefs and norms can influence the improvement of wellbeing.</p> <p>To establish how community members, experience their cultural identity. What does it mean for them to belong to a culture? What impact does it have on their everyday life?</p>	<p>Due to its very broad conceptualisation, Culture cannot be evaluated per se.</p> <p>Culture has mostly been explored in ethnographic and anthropological research into the organisational functioning of different community structures.</p>	<p>Norms, beliefs, and values of a particular community can be understood through the use of interviews or observational studies.</p> <p>Ongoing observation in particular facilitates a deep understanding of what cultural practices exist in a community and how these impact their everyday lives,</p>	<p>It is crucial for researchers and practitioners to capture how community members exercise their culture. It would also be of interest for asset-based initiatives to determine how culture influences the construction of the different assets mentioned in the framework.</p> <p>It could therefore be invaluable to include a 'cultural aspect' to the evaluation of each indicator.</p>

	To measure how and whether creative co-production can encourage the expression of community cultural values, norms, beliefs, and rituals.		interpersonal relationships, social structure, and how they use and experience their living environment.	
Empathy & helpfulness	<p>To identify whether a sense of empathy is present in a community.</p> <p>To identify the extent to which community members participating in a co-production initiative improve their likeliness to help others.</p>	<p>The literature distinguishes between measurement of empathic reactions in a specific situation or empathy as a stable person's character trait.</p> <p>There are three approaches to the measurement of empathy: self-reported measures, behavioural measures, and neuroscientific measures (Neumann et al., 2015).</p>	<p>Self-reported questionnaires include statements related to empathy with scales indicating whether participants agree or disagree.</p> <p>Behavioural tools include evaluations of experimental stimuli and performance on tests. Neuroscientific approaches include brain imaging techniques, EEG, EMG and automatic nervous system measures.</p> <p>Visual stimuli –pictures with people experiencing different emotions or expressing emotions in different scenes – can be used to measure individuals' empathic reactions.</p> <p>Empathic questionnaires can evaluate the stable empathy character of a person. These</p>	<p>Self-reported empathy measures can be used during the process of co-production.</p> <p>Interviews or structured conversations provide opportunities to explore what empathy means to community members, how they experience empathy, and how they think empathic communication can improve community wellbeing.</p> <p>Observations of group dynamics could help assess how community members express empathy towards each other.</p>

			questionnaires use cognitive and affective statements which are answered on an agree-disagree-point scale (Zoll and Enz 2005).	
Interpersonal Relationships	<p>To gather evidence on community members' existing interpersonal relationships. This will offer an understanding of levels of connectedness between individuals.</p> <p>To assess what types of interpersonal relationships, support systems and social networks exist and are favoured by particular communities.</p> <p>To identify which relationships are considered important to community members and create opportunities to strengthen or deepen them.</p>	<p>As interpersonal relationships are elements of social capital, questions related to the levels and types of connectedness of individuals are usually integrated in measurement tools for social capital (Harpham et al. 2002; Harper 2001; Welsh and Berry 2009).</p> <p>Distinctive features for social connectedness and participation are:</p> <ul style="list-style-type: none"> - frequency and intensity of involvement with cultural, religious, leisure and social groups, voluntary organisations and clubs. - frequency of seeing and speaking to relatives, friends or neighbours. - depth of the socialisation network. - proximity of relatives or friends. - perceptions of social support and connectedness. - degrees of citizenship. 	<p>Relationship Mapping is a useful tool (Welsh and Berry 2009).</p> <p>An individual is positioned in the middle of a diagram and people they know are plotted on it, putting them closer or further from themselves depending on the closeness of the relationship.</p> <p>After drawing the map, the individual should be asked further questions to acquire more information about the frequency and intensity of the drawn relationships and to gain an insight into:</p> <ul style="list-style-type: none"> - How the person feels about their map? - Is there anything they want to change? - What is the perception of their own connectedness and what it means to them? - Functionality of the 	<p>For asset-based working, it is also necessary to investigate how community members perceive their relationships or lack of such with the practitioners or researchers involved in the project.</p> <p>Similarly, it would be useful to gather researchers' perceptions of their relationships with community members.</p> <p>As co-production is based on the principle of equal and active participation of all partners, it would be valuable to analyse how relationships between stakeholders are formed (or how they break down or are not sustained) throughout the duration of the project.</p> <p>Gathering different stakeholders' perspectives of how the context of a particular initiative might have had an impact on the development of these relationships would also be useful.</p>

		<ul style="list-style-type: none"> - links to groups with resources (e.g. local government, aid agencies). - links to other communities (Harper 2001; Harpham et al. 2002). 	<p>different relationships. - Who do they approach if they need advice, comfort or support?</p> <p>- What are the relationships they feel they can contribute to?</p> <p>This tool can be used at intervals during an intervention to assess whether and how the social networks and relationships have changed. This will also help individuals to see the changes they have made (Welsh and Berry 2009).</p> <p>Weekly diaries can also be used to look at the frequency and involvement of community members in different groups, organisations and social networks (Welsh and Berry 2009).</p> <p>The completion of the diary can be followed by questions related to the satisfaction of the individual with the activities described in the diary, their sense of contribution and</p>	
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			participation, and the things they would like to change. Diaries from different weeks can be compared to identify changes and reasons for these.	
Optimism	<p>To measure levels of optimism in health and health outcomes before and after co-produced engagements.</p> <p>To capture changes in participants' expectations after participating in respective co-produced initiatives.</p> <p>To identify how optimistic or pessimistic views of particular individuals can influence the wellbeing and resilience of a community.</p>	<p>One way of measuring optimism is asking individuals about their expectation for life (Carver et al. 2014). The Life Orientation Test which consists of negative and positive statements to which people agree or disagree on a multi-point scale can be used to gauge this (Carver et al. 2014).</p> <p>Examining patterns of individuals' attributions about causes of events is also useful for evaluation. If people view past negative experiences as stable causes then they would appear to be more pessimistic, whereas when they see negative experiences as unstable their expectations for the future is predicted to be rather positive (Carver et al. 2014).</p>	Ongoing engagements with communities through observation, creative activities, conversations or semi-structured interviews could identify potential negative coping mechanisms and direct community members to appropriate services and/or offer healthier alternatives/	The measure of optimism in asset-based interventions or programmes will allow for gathering and understanding community members' perceptions about their future (at baseline). Changes can then be captured and understood by systematically applying the ABIF over time. In this way, practitioners will gain an understanding of which programme or initiative component had the biggest impact or initiated change.
Physical Health	To identify whether	It is difficult to	Research suggests, that	Self-rated health measures seem to

	<p>communities live healthy lives.</p> <p>To assess whether communities have and are able to maintain optimal levels of wellbeing.</p> <p>To evaluate changes in physical health or habits influencing on health and wellbeing before, during and after co-production.</p>	<p>operationalise health and measure it in a quantifiable way. Social researchers use self-rated measures of physical health which are considered to be reflective of physical health status, symptoms, function, and health behaviors (Fayers and Sprangers 2002).</p> <p>Self-related health measures can provide information about the physical health of an individual at a particular point of time, and also about their general physical health.</p>	<p>when using self-rated health measures with adults it is more appropriate to use measures with specified response options (Eriksson et al. 2001).</p>	<p>be appropriate evaluation tools for measuring physical health during co-produced initiatives.</p> <p>Researchers and practitioners should also investigate what difficulties community members might encounter in sustaining good physical health and whether such opportunities were provided through participation in co-produced initiatives.</p>
Self-determination	<p>To identify levels of self-determination before participation in asset-based working and whether there has been a change in their sense of self.</p> <p>To examine how community members perceive choice before, during and after participation in the co-production activity.</p>	<p>The literature identifies two approaches in the evaluation of self-determination levels. The Basic Needs Satisfaction in General Scale (BNSG-S) assesses the satisfaction of individuals' three basic needs (autonomy, competency, and relatedness) in a general context. The questionnaire consists of 21 statements answered on a not at all</p>	<p>The Basic Needs Satisfaction in General Scale (BNSG-S) and the Self-Determination Scale (SDS).</p>	<p>The downside of using these tools is that the ways of fulfilment and importance of the needs, as well as understanding of self-determination, are dependent on the values and goals shared by the culture of a specific community.</p> <p>Standardised questions would not provide a culturally sensitive evaluation and might disrupt any interpretation of results (Bailey 2012).</p> <p>If practitioners and researchers</p>

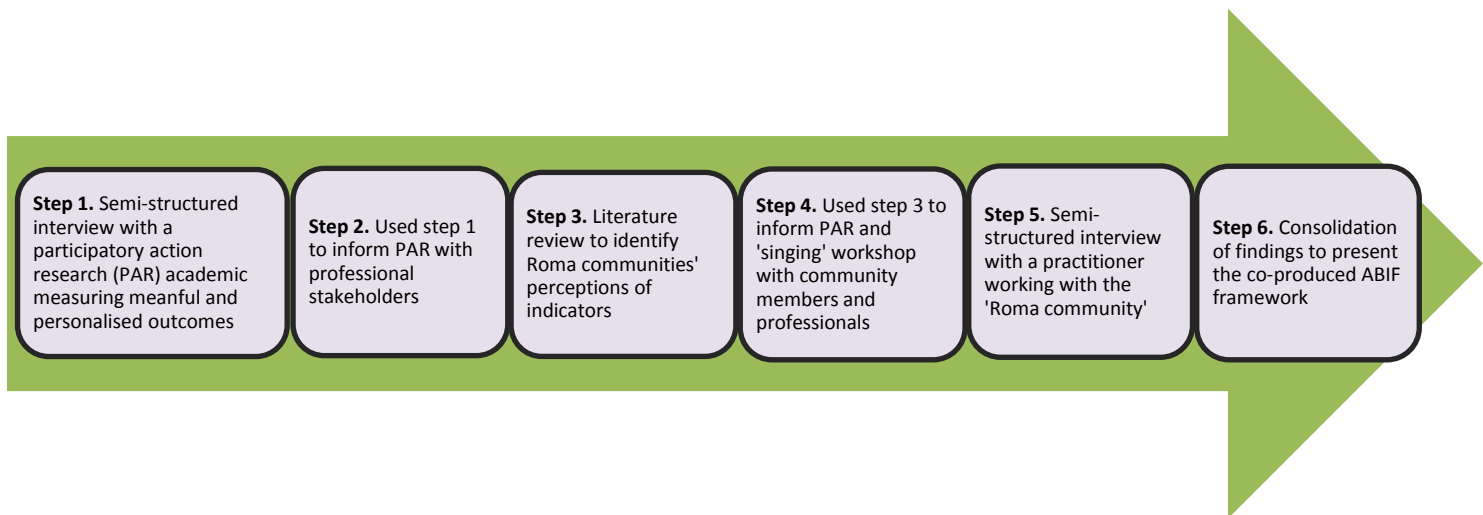
		<p>true/very true scale.</p> <p>The Self-Determination Scale (SDS) examines how aware people are of their feelings and sense of self and how they perceive choice in their own actions (Lewis et al., 2014). The tool consists of 10 items answered on a 5 point true or false scale.</p>		<p>decide to use standardised measurement tools they would need to test their reliability and validity for the specific culture by interviewing respondents about their understanding and significance of the three needs and self-determination.</p>
<p>Spirituality and Personal Meaning</p>	<p>To identify whether individuals identify with any spiritual sources of hope, strength, comfort, peace, love and meaning.</p> <p>To understand whether community members participate in organised spiritual practices and understand what these mean to them.</p> <p>To explore whether / how community members' spiritual practices influence their health and wellbeing.</p> <p>To explore community members' values and understand what personal meaning is to them.</p>	<p>Spirituality is often evaluated through assessment inventories, which identify different aspects of spirituality and their relevance for the individual.</p> <p>An established framework for the assessment of spirituality has also been widely used in social work (Hodge 2001).</p>	<p>The framework includes general open-ended questions to gather information about the spiritual or religious traditions in which an individual has grown up, their personal spiritual experiences, and what meaning these experiences have for them.</p> <p>The second part of the framework consists of questions which could give an interpretative aspect to initial questions. They ask for information about the impact of the person's spirituality on their affect (for example, what aspects of the person's spirituality give them pleasure?);</p>	<p>The spirituality framework could be adapted to explore whether co-produced activities have an impact on community members' spiritual practices or relate to their personal values.</p>

			<p>behaviour (are there any spiritual practices that help the person deal with difficult situations?); cognition (what are the person's beliefs and what are they based upon?); conscience (how the person determines right and wrong; what are they key values?).</p> <p>The framework can be adapted to explore the personal meaning and values of individuals even if they do not identify with a particular spiritual belief.</p>	
Trust	<p>To evaluate community members' levels of trust in relation to their family members, community as well as those outside of communities such as practitioners, researchers and representatives from organisations involved in co-produced activities.</p> <p>To evaluate factors such as individuals' propensity to trust others, their perceptions about others reliability, and levels of risk aversion should also be included when</p>	<p>A review of various measurement tools of trust suggests that statements related to trust should include following facets: reliability, benevolence, predictability, availability, dependability, consistency, openness, fairness, discreteness (Tschannen-Moran and Hoy 2000).</p> <p>Statements related to the three different forms of trust – family, community and organisational – should</p>	<p>Questionnaires asking respondents about their level of agreement with various statements (Tschannen-Moran and Hoy 2000).</p> <p>Levels of trust in a community can also be measured by looking at the levels of participation in different community initiatives, organisations or social networks, and engagement in cultural practices.</p>	<p>It is of great importance for researchers and practitioners to look at the social and cultural context in which a trustful or untrustworthy relationship is embedded to determine how and why context can influence trust and more specifically, how trust can be built in co-production (Tschannen-Moran and Hoy 2000).</p> <p>Researchers and practitioners would need to acquire information about the meaning of trust for the community – what do they perceive as trustful</p>

	<p>evaluating individuals' levels of trust.</p> <p>.</p>	<p>each incorporate all the above mentioned facets to provide a consistent observation and evaluation of individuals' trust.</p> <p>The propensity to trust others can be evaluated by using generalised statements such as 'Other people cannot be relied upon' or 'Other people lie to get ahead', etc (Ashleigh et al. 2012).</p> <p>The risk aversion aspect will evaluate levels of loss of trust to others (Ashleigh et al. 2012).</p>		<p>and untrustworthy relationships?</p>
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4. Developing and piloting the co-produced ABIF

- After the literature review, the co-produced ABIF was further developed through its inaugural application with the Roma population in Glasgow's Southside and various other partners (see below).



Two approaches used for the co-production of ABIF:

- **Participatory Action Research (PAR):** In PAR, participants who are directly impacted by the research are involved in data collection, reflection and action working in partnership with practitioners, researchers and other community members. PAR methods give a 'voice' to the marginalised; facilitate change in participants' situations; work with people to find tangible solutions to difficulties recognised by them; and raise critical awareness and analysis of participants' place in society (Dover & Lawrence, 2010; Hall, 2005; McIntyre, 2008). They embrace 'non-determinism' and 'non-linear' processes to allow ideas to emerge from organic engagements (Blacker & Regan, 2006; Meyer, Gaba & Colwell, 2005).
- **Co-operative inquiry (CI):** CI involves research *with* people rather than *on* people so all involved can work together as co-researchers and co-subjects (Reason and Heron, 1995). Validity in CO "*rests on a collaborative encounter with experience*" (Reason and Rowan, 1981) and for the purposes of co-producing the ABIF with Roma community

members and professional stakeholders, taking part in a singing workshop was the ‘experience’.

A summary of findings from each step is presented in the next sections.

Step 1. Semi-structured interview with a Participatory Action Researcher exploring meaningful personalised outcomes

- It was noted that practitioners should use a *combination of data collection techniques* that are applicable in particular contexts. Semi-structured interviews – or having meaningful conversations with participants – are important means of qualitative data collection.
- *Recording of data* is very important. How do practitioners systematically record data? What is ‘data’ and how is it recorded? What is useful to be recorded? How often should data be recorded?
- It is also important to record outcomes that individuals or communities are identifying as important to them, but a service is struggling to provide.
- Practitioners should have a ‘*loose framework*’ with high level outcome categories at the start of engagements and ask the participant at the beginning and end of the interview: ‘*Where do you think you are now?*’, ‘*How can change happen?*’ or ‘*How did the change happen?*’
- Practitioners can use the co-produced ABIF template as a *starting* point, but need to avoid definitive interpretations of how community members will understand and define indicators.
- Practitioners should look at ‘*patterns in changes of behaviour*’ and then ‘*identify how many reviews/ contacts they need to have with patients [or community members] before a change is identified*’.
- Community members should feel that they are being listened to so that they can establish *trusting relationships* with practitioners.

Step 2. Participatory Action Research (PAR) Workshops with Professionals

- PAR workshops with professionals were then conducted. Discussions on the ABIF template were guided by the questions below.

1. Rate these indicators in order of importance to you [1 through....].

- Participants were asked to rate each indicator individually in order of importance to them. The group was then asked to discuss how they rated the indicators. Was there a consensus on the importance of each indicator among the group? If participants differed in their opinions, they were encouraged to discuss why these differences might have occurred. The group was then asked to come to a consensus on the order of indicators.

2. Define each indicator in simple terms.

- After rating the indicators according to importance, participants were then asked to define the indicator rated by the group as most important in simple terms. The definition was then discussed in the group and any differences were identified. Were differences between definitions 'resolved'? How?

3. How would you practically 'do' these indicators?

- Participants were asked about the practical implications of their 'most important' indicators. For example, "how would you show someone you empathise with them?" Participants were then asked to discuss this in the group on individual, community and structural levels.

4. How do you think community members would define and / or practically 'do' these indicators?

- Professionals were then asked for their views on how they thought community members would define indicators or what the practical implication of the indicator in the respective community might be.

5. How would you go about measuring asset-based approaches?

- How do participants in their practice measure asset-based approaches? Any good practices or challenges?

6. How would you show that using asset-based approaches and co-production can/cannot evidence changes in health (or other) inequalities?

- Participants were asked to think of ways in which they can find evidence that asset-based and co-production approaches work.

7. What methods would you use to engage with communities?

- Participants were asked about the methods they use to engage with communities or to provide hypothetical examples of community engagement methodologies.

8. How would you capture detailed, qualitative information in a systematic way?

- Participants were asked to share existing practices for systematic ways of capturing qualitative data. Are there any examples of good practice and challenges?

9. How would you practically use the framework?

- Participants were encouraged to think of ways they could practically use the framework in their own professional settings and what the benefits or challenges might be.

- All participants were given the opportunity to express their ideas and views on different components of the framework, and their views on its implication to policy or action plans.
- These questions were provided to guide the interactive sessions, but were not obligatory
- If discussions led participants to different but related topics, these deliberations were actively encouraged.
- Such flexibility needs to be considered when applying the ABIF with different communities. Key findings presented below support this recommendation.

General findings

- There were nuances in individual definitions of indicators between professionals working in the same organisation.
- The rating of the indicators differed for each PAR. The individual rating of indicators was also mostly different for each participant in all PAR sessions with few overlaps.
- Professionals differentiated between rating of indicators from individual and professional perspectives.
- Consensus in all three groups was achieved differently.
- This variance in viewpoints once again highlights the subjective nature of evaluation indicators.
- Key indicators for health and wellbeing are understood differently even for professionals working in the same organisation with similar overarching strategic goals.
- This highlights the need for those applying the co-produced ABIF framework to allow participants to elaborate on their own understanding of indicators in specific contexts (personal, community, professional or otherwise).
- Findings from each PAR session with professionals are presented below.

PAR 1. Community group (n=4)

- Participants emphasised that community members might not naturally consider all ten indicators and asked for *flexibility* in the use of the framework (for example, excluding existing indicators or including new ones).
- Concerns were raised about whether public services applying asset-based approaches would be willing to change how resources are distributed (according to community members' wishes) if these were not aligned with strategic aims.
- Joint working was emphasised as important to help practitioners and policymakers *understand what issues are important* to communities.
- The use of a *rigid framework* was identified as problematic.

- The need for a documented *starting point* was highlighted. This would identify the change that communities want to see (at baseline). Through the process of co-production, it could be possible to identify ways to illustrate how this change unfolds (or does not unfold) while asset-based initiatives are being implemented.

PAR 2. Health Inequalities and Improvement Group (HIIG) members, Glasgow City Health and Social Care Partnership (HSCP) (n=4)

- The establishment of *trust with community members* was identified as integral when measuring asset-based approaches to evidence change in a community.
- The importance of *negotiating meaning with communities* was highlighted.
- Participants saw *collective stories* and “*ownership of stories*” as opportunities for evidencing how change happens for community members.
- Participants pointed out an existing need for services to be measuring impact in terms of change and wellbeing and *not* in terms of key targets and specific outcomes.
- Four key points to be considered in the evaluation of change were emphasised: building relationships with the people; looking at specific ways of building trust; taking into account what conversations practitioners have with people; and working collaboratively with GP practices.
- Using creative means of engagement was identified by participants as preferable.
- Participants did not identify rigorous ways of capturing ‘soft’ outcomes and expressed the lack of such practice in their work.
- The ABIF was identified as a potential innovative method to evaluate such outcomes.

PAR 3. Glasgow City Health and Social Care Partnership (HSCP) Health Improvement leads, seniors and practitioners, (n=11)

- Practitioners stressed the need to allow community members to *define indicators themselves*. How do community members understand access to resources and healthy environments, for example? What is important to them in relation to this indicator?
- ‘Community asset mapping’, which allows community members to identify what they think the assets in the community are, was identified as a way of capturing ‘soft’ outcomes.
- Community members’ disengagement throughout the process of application of ABIF can be a challenge for practitioners. It was highlighted that capturing how differences in meaning can be negotiated is indeed crucial to ABIF co-production.
- Practitioners noted that is necessary to apply the ABIF without a key expected outcome in mind. They recognised the need for flexibility and organic engagement allowing for emergent outcomes to arise.

Step 3. Literature review to identify "Roma communities" perceptions of framework indicators, health and wellbeing

- Step 3 sought to contextualise the first application of the co-produced ABIF framework by exploring evidence from the literature on the Roma population and community members’ understanding of ABIF indicators, health and wellbeing.
- This is a worthwhile albeit time-consuming exercise, but is not required for practitioners applying the co-produced ABIF in different contexts with particular communities.

Step 4. PAR and Singing workshop with Roma community members and professionals

- The singing workshop – creative community engagement – provided an opportunity for professionals to meet with community members, find out more about what is important to them in relation to their health and wellbeing, and to build trust and start building relationships with these communities.
- This creative community engagement event also served as a ‘baseline’ measure to gather information about ‘who?’, ‘why?’, ‘what?’ and ‘how?’ to use asset-based approaches with this particular group to evidence changes in health, wellbeing and inequalities over time.
- Any further engagement with community members would then capture changes from these baseline measures.

Findings

- There is no such thing as a ‘Roma community’. In this creative community engagement day alone, there were Czech, Polish and Romanian Roma. Some also self-identified as gypsies.
- Health and wellbeing are important to community members. Roma community members see health very closely linked to happiness.
- Community members place importance on relationships, trust and family values leading to good health.
- Bad experiences in healthcare lead to community members not trusting health practitioners.
- Engagement with communities through fun activities, arts and initiatives that are of interest to them are necessary as using ‘traditional’ evaluation methods such as surveys are not feasible with this group due to language and literacy issues.
- *Capturing how people feel* about different indicators and considering the importance of the implication of each indicator on community and individual levels is crucial.

- Community engagement should be consistent – avoid dipping in and out of a community as this erodes trust.
- Creative engagement facilitates an understanding of values within different community groups. Creative approaches were identified as helpful in the understanding of different points of view.
- Professionals expressed a desire to *'be more aware of the lack of trust between the Roma community and health professionals and do more to develop relationships and build rapport'*.
- Language was seen as not necessarily viewed as a barrier in creative engagements.
- Team work was highly valued both by professionals and community members.
- Community members perceived the workshop as fun, relaxing, energising and joyful.

Step 5. Semi-structured interview with a practitioner working with the gypsy/traveller community

- As some community members in the singing workshop self-identified as gypsies, a semi-structured interview on the ABIF indicators was then conducted with a practitioner working with the gypsy/traveller community.
- The idea here was to find out more about this particular community to account for differences or similarities in perceptions of health and wellbeing, and indicator definitions.
- While interviews with practitioners working with particular community groups are very helpful to help us understand more about a community, this step is not essential in the application of the co-produced ABIF.

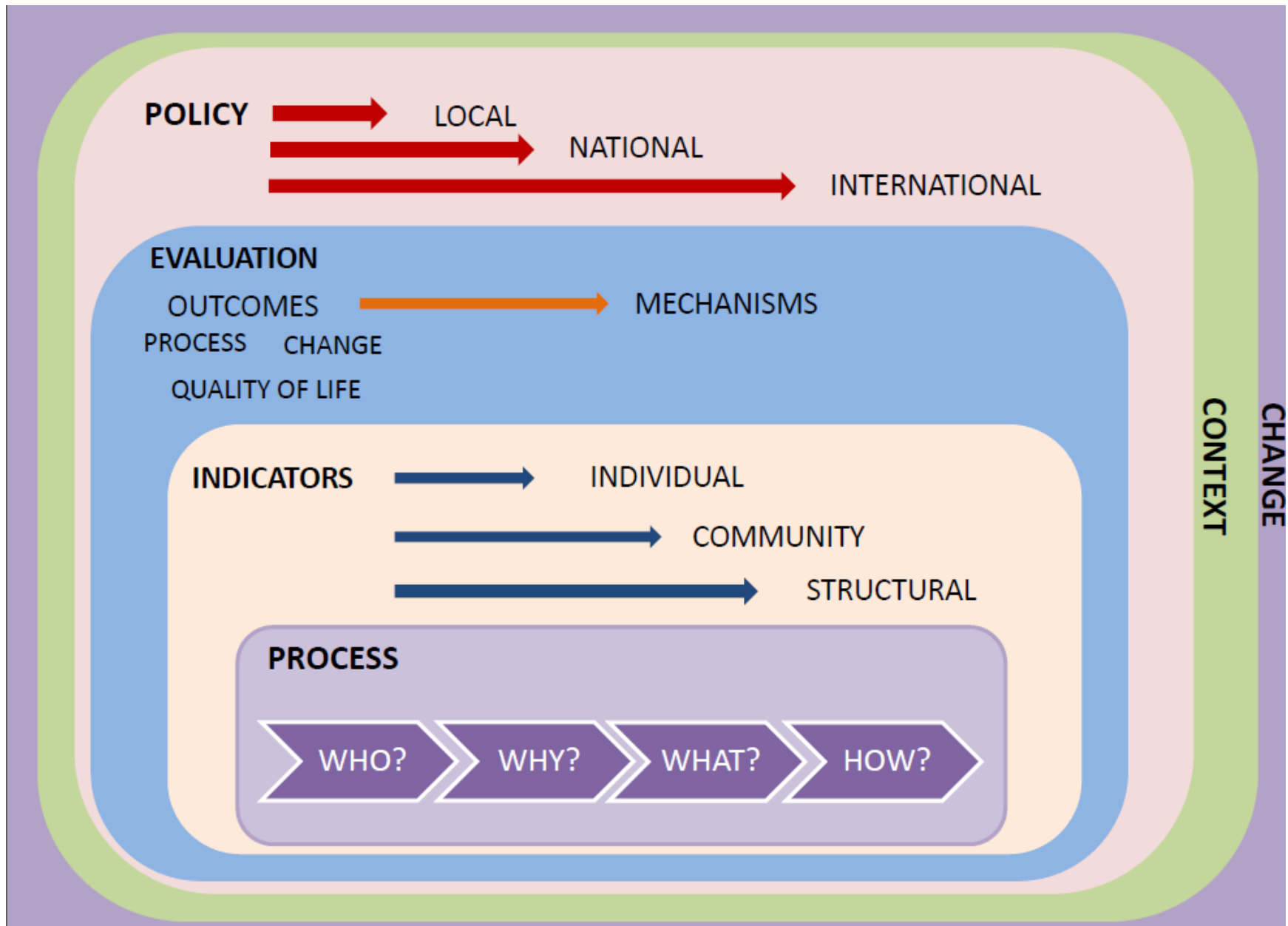
Findings

- Most gypsy/traveller community members do not identify as 'Roma' and were born in the UK.

- There are many stereotypes associated with this ethnic group which create barriers between them and practitioners.
- Most community members have sedentary ways of life now. However, there is an aspiration to be on the move.
- Improvements in this community's living conditions are a clear baseline measure that could be captured if the ABIF was to be co-produced and applied with this particular group.
- For gypsy/travellers, *trust* exists within a community.
- *Spirituality* is important for some community members.
- Changes in self-determination could be practically measured by gypsy/travellers' openly disclosing their identities as several choose not to as they fear the consequences.
- A *lack of optimism* among gypsies is linked to an inability to go back to a traditional way of life, not being listened to, and not seeing changes that would impact their health and wellbeing at a structural level despite ongoing consultations.
- *Interpersonal relationships* with family are important to this community.
- Experience of *empathy* and getting help from professionals would improve relationships over time and reduce mistrust.

5. The ABIF: a guide to co-production

- This section presents lessons from the pilot and guidance for applying the ABIF in other contexts and with other communities.



The Asset-Based Indicator Framework (ABIF): a Guide to Co-Production

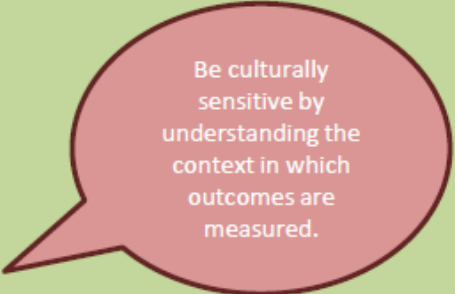
- To measure changes in health and inequalities through creative community engagements, we need to understand the **context** of the asset-based intervention, activity or programme. **Without context, the data collected is meaningless and changes cannot be measured.**
- Context is linked to the **policy environment** – local, national and international policies, plans and priorities need to be considered. Changes evidenced using the ABIF can then be linked to **local, national and international outcomes.**
- Communities are clearly impacted by the **policy environment and structural issues.**
- The **ABIF is co-produced with communities.** As communities are comprised of community members, the ABIF captures changes at **individual and community levels.** It also captures changes at the **structural level.**
- As an **evaluation tool**, the ABIF captures **process, change and quality of life outcomes.**

HOW DOES CONTEXT IMPACTS THE ENGAGEMENT?

What is the social, cultural and political context in which the engagement is happening? How might the context of the engagement have an impact on the development of trust between you and the community? How can trust be built in the specific context?

HOW DOES CONTEXT IMPACT EACH INDICATOR?

What is the relationship of each indicator with the context?



Be culturally sensitive by understanding the context in which outcomes are measured.

HOW DOES CONTEXT INFLUENCE THE FORMATION OF OUTCOMES?

What are the contextual factors that determine the outcomes? Community? Policy? Environment? Other?

CONTEXT

Make sense of quantitative data by considering contextual information.

An increase in scoring may not necessarily reflect improved outcomes.

The context needs to be considered if the data is to be meaningful.

PROCESS

WHO?

Who are you engaging with?

IDENTIFY THE COMMUNITY THAT YOU ARE WORKING WITH

What are the defining characteristics of the community?

Ethnicity? Gender? Organisation? Issues? Age? Education? Geographic? Other?

DETERMINE WHETHER OTHER PARTNERS SHOULD BE INVOLVED

Government? Voluntary sector? Public sector? Other?

WHO ARE YOU?

What is your professional role? What is your organisation's vision, culture, aims and strategies? Are your individual values aligned with those of your organisation?

The involvement of different partners can create a '*dialogue of knowledges*' (Friere, 1970) - an opportunity for participants to gain knowledge of their different social realities, to create change and new understanding.

Right from the start it is important to see yourself as a "data machine". Your thoughts, feelings, experiences, perceptions are all crucial for evidencing change. Think about how you would like to capture your own change in this process and shifts in the community.

WHAT IF...

- **you are not clear about how to define the community?** You really want to know how communities 'define' themselves. Are individuals within the community comfortable with the 'categorisation' you have in mind? It may be that you're putting community members in a 'box' that they don't identify with (for example, BME).
- **your own perceptions and potential biases about a community are not aligned with how a community defines itself?** Reflect on how this might impact your work with the community. Reflexivity is crucial. Capturing how your perceptions change during this process is central to evidencing process outcomes as these outcomes are related to community members' experiences of using a service.

The knowledge you acquire and evidence that you collect will link to local, national and international policies on equality, community empowerment, poverty and sustainability.

WHY?

**Why are you engaging with this community?
Why now?**

WHAT WOULD LIKE TO ACHIEVE FROM THIS ENGAGEMENT?

In the short, medium and long-term? What would you like to know? What would you like to change? What is the relevance of engaging now? Does the community want to engage for the same reasons as you?

IS THERE A REASON WHY YOU ARE ENGAGING WITH THIS COMMUNITY NOW?

What is the policy context? Is there a pressing issue? Is there something the community wants?

Reflect on what your own intentions are as a practitioner and as a person. Remember you are seeking to 'measure humanity'. We are not aiming to tick consultation boxes. Be true to the process.

WHAT IF...

- **what you want is different to what the community wants?** Part of the process of co-production involves understanding differences and negotiating potential ways forward. Capturing how you negotiate differences is central to process outcomes and change outcomes – it's related to communities' experiences of services and will help you understand what improvements community members are seeking.
- **community members think that you are not seeking genuine engagement and this is tokenistic?** Co-production involves building trust and sustaining relationships. It is crucial to engage on a continuous basis (what is reasonable) and not parachute in to a community to suit organisational objectives. This is important to capture quality of life outcomes (the perceived quality of an community member's daily life). Be transparent about lack of resources and capacity so the community is aware of the challenges you face. Stay engaged in open conversation. Radical honesty all the way!

How has using creative community engagement changed the way you think about what is evidence in policy and practice? How has it changed the way you think of and collect 'data'?

WHAT?

What are you going to do?

HOW ARE YOU GOING TO ENGAGE?

Participatory action research? – PAR is about “jointly producing knowledge with others to produce critical interpretations and readings of the world, which are accessible, understandable to all those involved and actionable.” (1). Asset mapping? Creative approaches – music, theatre, singing, art, food, sport, media? Other?

WHICH IS THE MOST APPROPRIATE ENGAGEMENT METHOD FOR THIS PARTICULAR COMMUNITY?

Have you looked at good practices to inform your method of engagement?

WHAT RESOURCES DO YOU HAVE?

Are you willing to change how resources are distributed depending on community members' wishes even if this did not align with strategic aims?

HOW ARE YOU GOING TO RECRUIT PARTICIPANTS?


Do you have access to local community champions in your network?

Is flyering or word of mouth the most effective way of recruiting?

Reflect on how relationships with community members have evolved. How does that influence your professional practice?

WHAT IF...

- **community members do not want to engage in the way you are suggesting?** How you engage should be negotiated with the community. Community members should feel that they are being listened to and there is a shared understanding. Some may lean towards the arts (singing, dancing, theatre, music or other). Others may want to be outdoors in greenspaces or in the kitchen. As long as it's feasible and ethical, anything may be possible!
- **resources and capacity are problems?** Think of ways in which the community is already engaging in creative activities. Can you join them? Is there a way to link up with other organisations to pool resources and capacity? Maybe others are already engaged with a particular community and you could get involved too? Perhaps you can apply for joint funding to develop and sustain your engagement? Be creative and also critical – it's important to be vocal about the support you need to work in this way.
- **the community is not open for you to engage in existing activities?** Building trust with the community is fundamental to the process of co-production. Try to understand why the community does not want you to be a part of this process. Is there a way to build trust and convince them over time?



Record the data continuously and rigorously throughout the whole engagement process.

How are you capturing data?



HOW?

HOW ARE YOU GOING TO CAPTURE AND RECORD THE DATA SYSTEMATICALLY?

What is the most appropriate way of collecting data from the community you are engaging with? Pictures? Reflective diaries? Questionnaires? Semi-structured interviews? Video? Audio? Drawing? Other?

IS DATA RECORDED TOGETHER WITH COMMUNITY MEMBERS?


Do community members know what data is recorded? What data is important to them? What are the challenges related to the recording practice?

HOW OFTEN ARE YOU GOING TO ENGAGE?

A single event? Weekly? Quarterly? Monthly? Other?

HAVE YOU CONSIDERED ANY ETHICAL ISSUES? ARE THERE ANY RISKS TO YOU OR THE COMMUNITY?

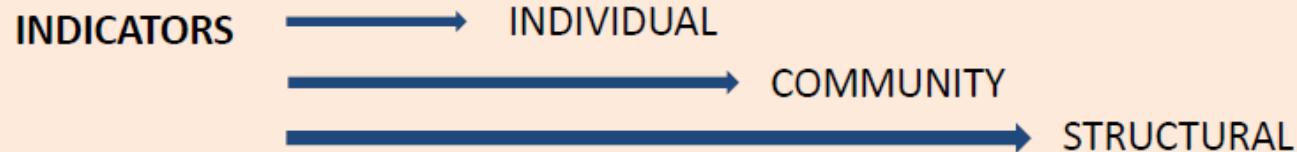
How are you going to store the information safely? Has the data been anonymised? Have you provided an information sheet with the reason of engagement and a consent form?



Reflect on what is important for the community when recording the data.

WHAT IF...

- **community members do not feel comfortable with the way you want to collect data?** The idea is to collect data from community members in the way that feels most appropriate to them. They should have a chance to voice how and why they think the method they're proposing is more appropriate than others. For example, literacy may be an issue so visual methods more fitting. You should also negotiate how data will be shared. Are there any ethical issues. Is the community happy to sign informed consent sheets?



An extensive literature identified ten key indicators linked to asset-based working.

The ABIF Template is offered as a tool to be applied at the start of the creative community engagement. It helps us agree on definitions for indicators so we know what these indicators mean to particular communities at the start. It also allows us to capture baseline data.

Indicators need to be “measured” at the start of a community engagement, throughout the engagement process and at the “end” of a co-produced initiative (if there is one). This allows us to capture changes that communities want to see.

Through the process of co-production, it may be possible to identify ways to illustrate how and why changes are occurring (or not occurring) while asset-based initiatives are being implemented.

Indicator	Affect	Access to resources and healthiness of environment	Culture	Empathy and helpfulness	Interpersonal relationships	Optimism	Physical health	Self-determination	Spirituality and personal meaning	Trust
Definition										
Individual level										
Community level										
Structural level										

Use this discussion guide to prompt discussion around the ABIF template if appropriate.

1. Introduction to ABIF

- Provide each participant with a copy of the template. If you are working in a big group split participants into small groups. Introduce the indicators from the table gradually so that participants have the time to look at each indicator.

2. Rate these indicators in order of importance to you [1 through....].

- Ask community members to rate each indicator individually in order of importance to them. Ask the group to discuss how they rated the indicators. Ask the group to come to a consensus on the order of indicators.

3. Define each indicator in simple terms

- After rating the indicators, ask community members to define the indicators in simple terms. The definition is then discussed in the group and any differences are identified.

4. Come to a consensus about the order of importance of indicators

- Ask community members to come to a consensus on the order of importance of indicators as a group.

5. How would you practically 'do' these indicators?

- Ask participants about the practical implications of their 'most important' indicators. For example, "How would you show someone you empathise with them?" Then ask participants to discuss this in the group on individual, community and structural levels.

6. In which indicators would you like to see change?

- Ask community members to identify the indicators in which they want to experience change.

7. What would you like to do to experience change?

- Ask participants what they would like to do (what type of engagement) to experience a change in the identified indicators.

THINGS TO CONSIDER WHEN APPLYING THE MECHANISM

STEP 1. APPLY THE ABIF TEMPLATE

WHAT IF...

- **community members are illiterate?** Ask community members how they would prefer to discuss or capture information. Do they want to draw, sing or act instead? Filming? Audio? Other means of data capturing?

STEP 2. ASK COMMUNITY MEMBERS TO RATE THESE INDICATORS IN ORDER OF IMPORTANCE TO THEM

WHAT IF...

- **community members ask whether they should rate the indicators from an individual or community perspective?** Encourage community members to think about their preference and leave the choice to them. Your role is to note the choice they have made and to understand why they have made it.
- **there are significant differences in the rating between individuals?** Discuss this in the group and determine how it might impact the process of prioritising the aims of the engagement.

STEP 3. ASK COMMUNITY MEMBERS TO INDIVIDUALLY DEFINE INDICATORS

WHAT IF...

- **community members can't make sense of all indicators?** Community members might wish not to include some of the indicators if they are not meaningful to them and this is ok. If they want you to give them a definition of the 'unclear' indicators you can refer to the *Table with indicators' definitions*.
- **community members want to add a new indicator?** Remember that it is about what makes sense to community in their every day lives. You can be as flexible as you need to be in adding 'new' indicators that are meaningful for the community.

STEP 4. ASK THE GROUP TO COME TO A CONSENSUS ABOUT THE ORDER OF IMPORTANCE OF INDICATORS.

Observe how the group comes to a consensus. Are there 'leaders' in the group? Are there 'observers'? What is the group dynamics? What are the group relationships? How might these relationships impact the process of engagement? Are group members open to learning together, exploring together and working to achieve goals together? Are differences between definitions 'resolved'? How?

WHAT IF...

- **the group doesn't come to a consensus?** Note down why community members disagree and reflect on how this might impact the engagement process.

STEP 5. ASK COMMUNITY MEMBERS HOW THEY WOULD PRACTICALLY DO EACH OF THE INDICATORS IMPORTANT TO THEM.

WHAT IF...

- **the group isn't sure what you mean?** Think of some practical examples that make sense to you. How would you show somebody that you empathise with them?

STEP 6. ASK COMMUNITY MEMBERS WHICH INDICATORS THEY MOST WANT TO SEE CHANGE IN? HOW DO THEY WANT TO SEE THESE CHANGES?

WHAT IF...

- **the group wants different things?** See if you can reach a consensus through skilful negotiation. Capacity and resourcing may be an issue so ask the group if there's anything they can all agree on,

STEP 7. ASK COMMUNITY MEMBERS WHAT THEY WANT TO DO TO EXPERIENCE CHANGE IN THE INDICATORS?

WHAT IF...

- **the group isn't sure how they get involved?** Facilitate a discussion on how they can be agents of change. Signpost them to existing services or initiatives in the area.

OUTCOMES

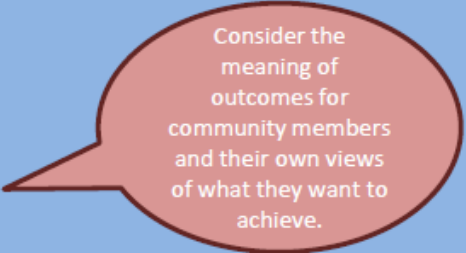
WHAT ARE THE DIFFERENT OUTCOMES THAT YOU NEED TO IDENTIFY?

Have you considered capturing process, change and quality of life outcomes?

Process outcomes are related to community's experiences of using a service.

Change outcomes refer to the improvements that community members are seeking.

Quality of life outcomes include features of a person's whole life that they are working towards achieving or maintaining in partnership with services and other forms of support.



Consider the meaning of outcomes for community members and their own views of what they want to achieve.

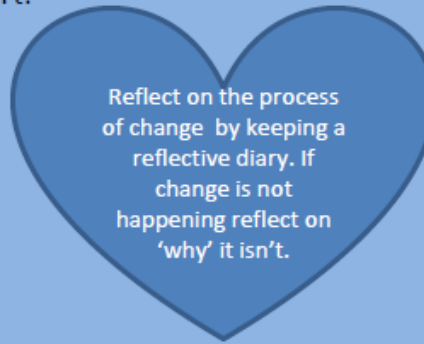
Have you considered capturing short-term, medium-term and long-term outcomes?

WHAT IS THE ENDPOINT THAT YOU WANT TO REACH THROUGH THE ENGAGEMENT?

Consider what activities and processes would be required to achieve it.

HOW DOES YOUR ENGAGEMENT WORK?

What is the process by which change comes for this particular community?



Reflect on the process of change by keeping a reflective diary. If change is not happening reflect on 'why' it isn't.

WHAT IF...

- **Community members do not agree with the outcomes you want to achieve?** Your role is to understand what outcomes individuals want to achieve and what support they would need to achieve these outcomes.
- **Community members show resistance or a disbelief that change can happen?** Listen, acknowledge feelings, respond empathetically and encourage support. If you accept people's response, they will continue to tell you how they are feeling. This will help you respond to some of their concerns.
- **Change does not happen?** The process of co-production is flexible. Your methods of working might need to be adjusted as the engagement progresses. This is a crucial feature in asset-based working.



Link these outcomes to local, national and international policies or action plans as illustrated here.

Outcome level	Focus	Example
Individual	Defined by the person as what is important to them.	I want to be able to freely access services.
Local	Defined by the local authority as key area to work towards.	Barriers to HSCP services are removed for people with relevant protected characteristics (Glasgow HSCP Equality Outcomes).
National	Defined by government to focus activity across sectors and organisations.	Our public services are high quality, continually improving, efficient and responsive to local people's needs (National Performance Framework, Scottish Government).
International	Defined by international bodies such as the World Health Organization	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (Sustainable Development Goals, United Nations).

Epilogue

When we first developed the ABIF framework we recognised that it can not be a prescriptive mechanism for measuring change in community work as it is entirely designed around the concept of co-production (see p. 58). Findings from the PAR workshops with professionals showed that the framework should be used in a ‘non-deterministic way’ to allow for a “real community development process” to take place (see p.71, 82). What further became evident after applying the framework with Roma community members was that some of the indicators did not make sense to them (such as ‘affect’) or that they had to be divided into two categories (such as spirituality and personal meaning). We, therefore, updated the table with ABIF indicators (see below).

The current report serves as an illustration of the approach we took to develop and apply the ABIF framework for the first time. The described ABIF application process, however, is not intended to be prescriptive but should be applied with the respective flexibility that a meaningful engagement with communities might require.

Indicator	Definition	Individual Level	Community Level	Structural Level
Happiness	<p>Veenhoven (1995) defined happiness or life satisfaction as the degree to which one judges the quality of one's life favourably (p.34).</p> <p>Initially, the extended literature review identified 'affect' as an indicator impacting health and wellbeing. However, here we are referring to happiness because it is a more familiar term than affect. Affect is defined as the experience of positive or negative emotions at a certain point in time (OECD 2013).</p>	<p>Individuals experience high average levels of positive affect which benefits their interpersonal relationships, creativity, sociability, and productivity.</p> <p>Individuals are able to restore autonomic (unconscious or involuntary responses) responses after the experience of adverse negative affect.</p>	Communities live happy and healthy lives driven by success and thriving.	Individuals and communities respond to detrimental occurrences in the macro environment influencing their health and wellbeing (for example, human rights).
Access to resources	Resources that people need access to for their livelihoods.	Individuals have access to organisations; this provides them with opportunities to access different forms of social capital (the norms, social networks and trust in a community, which contribute to pursuing mutual objectives (Harper 2001; Putnam 2001).	Communities provide opportunities for individuals to access different organisations and social structures.	<p>The state ensures that socio-economic distribution of neighbourhood resources is equal for each community.</p> <p>Co-production between local and external organisations.</p>
Healthy environments	Physical, social and service environments of neighborhoods which promote health (Cubbin et al. 2008).	Individuals have access to health promoting amenities and resources which enable them to maintain healthy lives.	Communities have established health promoting amenities and resources.	The state ensures that cities are healthy places for communities to live in.

Culture	Knowledge, beliefs, values and systems of symbolic meaning that individuals draw on in everyday life (Spencer-Oatey, 2012).	<p>Individuals have a sense of identity and culture.</p> <p>Individuals are free to express and live according to their cultural values and norms.</p> <p>Individuals have the freedom of religious expression.</p>	<p>Communities create opportunities for recreation, physical activity, self-expression of individuals.</p> <p>Communities create opportunities for celebration of cultural values.</p> <p>Communities provide an opportunity for individuals to celebrate difference.</p>	Individuals and communities feel free to exercise their culture in an environment that encourages equity and respect for human rights.
Empathy	Empathy reflects an innate ability to perceive and be sensitive to the emotional states of others coupled with a motivation to care for their wellbeing (Decety, 2015).	Individuals are able to understand the perspective of others	Community members are interdependent, experiencing high levels of empathy.	An understanding that various factors impact on the ability to empathise: motivational forces (eg. need to belong); situational cues (eg. attraction); individual or group differences (eg. gender, ethnicity); education level; self-monitoring; culture; and relationship-specific factors (Sherman et al 2015).
Helpfulness	Positive attitude and willingness to help others.	Individuals have positive attitudes to helping others.	Community members experience high levels of helpfulness.	There is a good understanding about what contextual and structural factors influence the levels of helpfulness in different communities and cultures.
Interpersonal relationships	Interpersonal relationships can be: <ul style="list-style-type: none"> - Bonding (based upon strong ties that connect 	Individuals are able to benefit from functional aspects of interpersonal relationships such	Communities recognise the principles of equalities	Different community groups, forums, and organisations participate in the voluntary

	<p>homogeneous groups).</p> <ul style="list-style-type: none"> - Bridging capital (between people who are from different ethnic or occupational backgrounds). - Linking (between people with different levels of power and status). 	<p>as emotional support, companionship or advice in experiences of adverse stress.</p> <p>Individuals are socially connected in a way that a change in behavior in one is likely to produce a change in behavior of the other.</p> <p>Individuals are involved in community activities which contribute to the improvement of their health and wellbeing.</p>	<p>and social justice.</p> <p>Difference within and outside of the community group are acknowledged and accepted.</p> <p>Communities provide widespread opportunities for informal contacts and support networks.</p> <p>Community organisations work with wider networks to mutual advantage.</p> <p>Communities are socially connected which contributes to the improvement of their health and wellbeing.</p>	<p>health sector and provide valuable source of experience and innovation for national legislation.</p> <p>Efforts to address inequalities.</p>
Optimism	Expectations about the occurrence of good outcomes in one's future (Pinquart, Fröhlich, & Silbereisen, 2007).	<p>Individuals have positive expectations about their future.</p> <p>Individuals engage in efforts towards desired goals.</p>	Communities provide positive opportunities for people's future.	New opportunities are created and potential influence for improvements.
Physical Health	The functioning of your body as it is designed to function.	<p>Individuals lead healthy lives.</p> <p>Individuals are able to have optimal levels of wellbeing</p>	Communities have a high percentage of physically healthy individuals.	Physical health of the population has improved. People live healthier and long lives.

Self-determination	Psychological construct which refers to the internal motivation of the self to behave in an autonomous and controlled way.	<p>Individuals experience greater autonomy in their everyday life.</p> <p>Individuals are able to express their individuality and self-identity.</p> <p>Individuals are able to regulate their behaviour in congruence to their values and needs.</p> <p>Individuals are able to make informed decisions about participating in support services which will best meet their needs and improve their health and wellbeing.</p> <p>Individuals are able to maintain their independence as they get older and are able to access appropriate support when they need it.</p>	<p>Communities are aware of their needs, as well as assets.</p> <p>Communities are able to make informed choices about their political, social, and cultural development in order to create healthier neighbourhoods.</p>	Local communities participate actively in public affairs and decision making on a national level in regards to the delivery of health services and interventions.
Spirituality	The quality to strive for meaning and purpose by believing in a spiritual dimension.	Individuals construct their own spirituality which help them cope with stressful and threatening situations.	Communities encourage individuals to express their spirituality, as well as provide an environment where they can be developed.	People are contributing to societal change through their different spirituality.
Personal Meaning	The striving to answer infinite questions when facing emotional difficulties, stress, illness or death.	Individuals have a purpose in life which is determined by their personal meaning and values.	Communities encourage individuals to express their personal meaning.	People are contributing to societal change through their different meanings of life.
Trust	Trustworthiness experienced in a reciprocal relationship.	Individuals are trusting.	Communities have high levels of trust and co-	Society is safe from crime, disorder and danger.

	<p>Forms of trust:</p> <ul style="list-style-type: none"> - in close interpersonal relationships (such as family and close friends); - social connectedness with the wider community or members of the outside community. 	<p>Individuals are able to build different social relationships.</p>	<p>operative norms.</p>	
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